



# The Journal

Vol. 30

No. 7

[www.dcmilitary.com/journal/](http://www.dcmilitary.com/journal/)

February 22, 2018



## 'Give Kids a Smile' Dental Fair Focuses on Good Oral Health

Photo by Lt. Cmdr. Kinau McGoy



Generals,  
Admiral Talk  
Readiness,  
Interoperability  
- Page 3



USU Student  
Makes Splash in  
Armed Forces  
Olympics  
- Page 4



WRB Holds  
Special Place in  
World War II  
Veteran's Heart  
- Page 7



# Navy College Scheduler Tool Improved and Added to My Navy Portal

## From Navy College Program Public Affairs

The Navy College Program (NCP) announced Feb. 12, that the self-service Navy College Appointment Scheduler tool available via the NCP website has been enhanced and added to My Navy Portal (MNP).

According to Christy Minshew, Voluntary Education (VOLED) Appointment Scheduler program manager at the Navy College Virtual Education Center, the improved self-service scheduling tool includes several upgrades. The new version allows all Sailors to directly schedule academic counseling appointments with the Navy College Virtual Education Center (NCVEC) and OCONUS Sailors can schedule counseling appointments at their respective Navy College Offices. Overseas Sailors can also schedule either an academic test (SAT and ACT) or a Defense Language test.

“The old NCP Rapid scheduler was more of a manual process, where the new NCP/MNP scheduler allows increased functionality by all Navy College counselors; they can now see and manipulate their schedules, including access to the system by overseas Navy College locations,”

said Minshew. “The scheduler also has improved tools that allow us to rapidly adjust and improve our products based on the demand signals from our Sailors.”

Availability through the NCP website and MNP will maximize scheduler access for Sailors, a Common Access Card is required to get to the scheduler. The new MNP Scheduler allows Sailors to choose from three scheduling menus:

1) Education Counseling — General counseling, Tuition Assistance counseling or Navy College Program for Afloat College Education (NCPACE) counseling. Education counseling appointments are conducted via the telephone by staff in the Navy College Virtual Education Center (NCVEC). Sailors stationed overseas may schedule an in-person appointment with a counselor in the OCONUS Navy College Office (NCO).

2) Foreign Language Testing — Defense Language Aptitude Battery (DLAB) and Defense Language Proficiency Test (DLPT). Language Testing for CONUS locations is administered by the Center for Information Warfare Training (CIWT). Language testing for OCONUS locations is administered by the Navy College Offices (NCOs).

3) Academic Testing — SAT and ACT administered by OCONUS NCOs.

Once an appointment is made, Sailors can return to MNP to view or modify their appointment by clicking on “View Appointments” on the Navy College Program Scheduler landing page.

Jean Powell, a Navy College Program educational specialist and Virtual Education Center counselor was one of the first staff members to interact with the new MNP scheduler.

“I am very impressed and really like the new scheduler, because it allows me to look ahead into future appointments and better plan the support and research I’ll need to help our Sailors,” said Powell.

The Navy College Virtual Education Center (NCVEC) is available 7 a.m. to 7 p.m. EST Monday — Friday by calling: (877) 838-1659/DSN 492-4684. OCONUS Sailors may contact their servicing Navy College Office (NCO) listed on the website at [www.navycollege.navy.mil/contact.htm](http://www.navycollege.navy.mil/contact.htm).

In addition to the NCP website and NCVEC, the NCP mobile app offers access to NCP planning tools, including required training. Sailors can download the app from the Apple or Google Play store at no cost. Search ‘NCP App’ in the stores.

### Important Links

**Navy College Program Scheduler:** [www.mnp.navy.mil/group/training-education-qualifications/appointment-scheduler](http://www.mnp.navy.mil/group/training-education-qualifications/appointment-scheduler)  
**Navy College Website:** [www.navycollege.navy.mil](http://www.navycollege.navy.mil)

# Bethesda Notebook

## American Heart Month

In observance of American Heart Month, Cardiology Service is hosting a series of informational tables on the first floor of Building 9 in the west mezzanine (near the Wedge). Nurses, licensed providers (nurse practitioners) and technicians will be available to answer questions and pass out information related to heart health. Dates and information for the tables are: Feb 22 from 11 a.m. to 1 p.m., Integrated Cardiac Health Program (heart health through diet, exercise, quality sleep and stress management); Feb. 28 from 10 a.m. to noon, Heart Failure Awareness, Tobacco Cessation; and March 1 from 10 a.m. to noon, Women’s Heart Health.

## Black History Month

The Walter Reed Bethesda Multicultural Committee hosts a Black History Month observance Feb. 26 at 11 a.m. in Memorial Auditorium. Everyone is invited to attend.

## CMC’s Call For All Enlisted

A mandatory Command Master Chief’s Call for E-4s and below of all services at Walter Reed National Military Medical Center is scheduled for 7:15 to 8 a.m. in Memorial Auditorium Feb. 23. For more information, call Hospital Corpsman 2nd Class Jonathan Spears at 301-295-2429.

## Retirement Seminar

A two-day pre-retirement seminar for Walter Reed National Military Medical Center Department of Defense GS employees planning to retire within the next five years will be March 20-21 from 8 a.m. to 4 p.m. each day. Location will be sent upon registration, which must be done in advance and space is limited. Topics to be discussed during the seminar include eligibility requirements, survivor benefits, health/life insurance benefits, Social Security/Medicare benefits, income tax, Thrift Savings Plan, and more.

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# Leadership Grand Rounds: Generals, Admiral Talk Readiness, Interoperability

By Bernard S. Little  
WRNMMC Command Communications

Walter Reed Bethesda hosted its second Leadership Grand Rounds Feb. 6 featuring the current and two former Joint Staff Surgeons. The JSS serves as the chief medical advisor to the Chairman of the Joint Chiefs of Staff, the Joint Staff and the Combatant Commanders.

Retired Air Force Lt. Gen. (Dr.) Douglas J. Robb, retired Army Maj. Gen. (Dr.) Joseph Carvalho, Jr., and the current Joint Staff Surgeon Navy Rear Adm. (Dr.) Colin G. Chinn, discussed the priorities of readiness versus delivering the benefit; interoperability for the future; and scalable platforms and the medical mission in support of an operational force during the event at WRB.

Navy Capt. (Dr.) Mark A. Kobelja, director of Walter Reed National Military Medical Center, said Robb, Carvalho and Chinn “truly, deeply and profoundly understand the complexity of research and education in an academic medical center while delivering high-quality health care. At the same time, they have spent many years focused in the Joint Force (JF) medical team [on] interoperability, lethality, battlefield survivability, consequence management, infectious disease, marshalling forces, and figuring out how to tie all that together with logistics.”

Kobelja explained that the generals and admiral provided WRNMMC with a challenge of “picking up the mantle and doing our part in setting the battlespace. What can we do at Walter Reed Bethesda beyond perform ourselves, capturing casualties and caring for them? What’s our role in setting the battlespace?” the WRNMMC director said.

All three featured speakers emphasized the importance of having a “ready medical force... medically ready force” with “shared joint and service responsibility.”

“Future medical interoperability, [with] efficiency driving effectiveness, requires more joint solutions,” Robb stated. “Interoperability and effective integration of service capabilities enhance joint operations to accomplish U.S. government objectives,” he said.

An aerospace medicine specialist who served as the JSS from September 2010 to June 2013, Robb said the “age-old” questions concerning the Military Health System are: “Should the MHS be primarily a ‘readiness’ model or a ‘business’ model, and does the ‘readiness’ model support the ‘business’ model or does the ‘business’ model support the ‘readiness’ model?”

“The answer is...yes!,” Robb continued. “They’re not two separate things. You’ve got to fly the sorties. You’ve got to steam the ship. You’ve got to go to the range.” For the MHS, this means maintaining currency and proficiency in the operating room and clinics to stay ready for wartime to provide casualty care on the battlefield, in ship hospitals and austere environments.

Advancements in medicine and readiness by those in the MHS to treat casualties have resulted in declining wartime U.S. lethality rate throughout history. During the Revolutionary War, U.S. lethality rate was approximately 45 percent, which



PHOTO BY BERNARD S. LITTLE

**Walter Reed National Military Medical Center Director Navy Capt. (Dr.) Mark A. Kobelja (left) presents his command coin to (from left) the current Joint Staff Surgeon Navy Rear Adm. (Dr.) Colin Chinn, and former JSS (September 2010 to June 2013) retired Air Force Lt. Gen. (Dr.) Douglas Robb, and former JSS (December 2015 to August 2017) retired Army Maj. Gen. (Dr.) Joseph Carvalho following a Leadership Grand Rounds at WRNMMC Feb. 6.**

decreased to about 10 percent during Operation Enduring Freedom/Operation Iraqi Freedom, Robb explained. He credits the decrease to “the value of joint responsibility [and] the transformation of combat casualty care.”

Carvalho, who served as the JSS from December 2015 to August 2017, agreed that readiness and increased joint efforts are paramount for the MHS and its survivability. He added warfighters on the battlefield demand a ready, highly-capable medical team in support.

A nuclear medicine physician and cardiologist, Carvalho said, “I believe each service should own its capability, but at some point, we’ve got to come together.” He added that following the U.S. invasion of Grenada in 1983 and the Goldwater-Nichols Department of Defense Reorganization Act of Oct. 4, 1968, the services “went from independent to interoperable. “We’ve progressed to become interdependent.” He said the next step for those in the MHS is to be interchangeable.

“Tactically, you ought to be beholding to your services and understand [its] nuances. But once you

get from the tactical to the operational and we’re in a tent, in a fixed facility or doing clinical work, it shouldn’t matter. We should be interchangeable. I think we’ll retain relevance in that setting, or we’ll die separately if we don’t come together,” Carvalho said. “If you want to maintain your independence, independently agree to the same thing because the only one who thinks Army, Navy or Air Force medicine is Army, Navy and Air Force medicine. Everyone above you [and] everyone outside of you thinks of it as ‘DoD medicine.’ You’ve just have to come to grips with that,” he added.

“I’m not here to protect [any one service’s] equity,” agreed Chinn, who succeeded Carvalho as the JSS in August 2017. He added that the mission of the Office of the JSS is to provide the Chairman and the Joint Staff the best military medical advice and synchronize health services to enable globally integrated operations of the JF. He explained globally integrated operations “is the concept for



# USU Student Makes Splash in Armed Forces Athletics

By MC3 Rob Ferrone  
USU External Affairs

Becoming an accomplished triathlete is no small task. You have to be dedicated, resilient and willing to set aside a lot of time for arduous, regimented training.

Now imagine balancing that training and competition while finishing your final year of medical school. It may sound like a handful, but Navy Ensign Davis Frease is doing just that.

Frease has been participating in endurance sports for the last five years. Although he grew up with a father who was an elite triathlete, Frease didn't really start running until the mid-2000s. In his final year of college, he put on some significant extra weight and initially started running to shed the pounds. Once he discovered he was actually good at running, he began racing competitively.

Frease has been afforded the opportunity to race both internationally and for three U.S. military championships throughout his three and a half years at the Uniformed Services University of Health Sciences (USU). Now, with graduation on the horizon, he'll be racing for a fourth.

This season, Frease joins the U.S. Military Endurance Sports (USMES) Elite team. USMES is comprised of international-class cyclists, triathletes, runners and para-athletes, all of whom are either active duty, reservists or veterans. He will be one of four triathletes representing U.S. Armed Forces sports at this level.

"I'm incredibly humbled to have the opportunity to race alongside some of the best runners, cyclists, triathletes, and para-athletes in the U.S. military community. The support of USMES in the coming year will be integral in my continued progression as a triathlete to even higher echelons of the sport," Frease said. "I'm committed to emptying the tank every time I race this year knowing that I am representing USMES. More than anything I'm looking forward to interacting with the broader USMES community and doing everything I can to promulgate their mission: to promote endurance sports as

part of a healthy lifestyle to active duty and veteran service members."

So how does he recommend balancing active duty life, medical school and racing at the elite level?

"Make sure that you're able to manage your time effectively only with school first, before pursuing something like elite athletics," Frease said. "That's the most important building block. And find someone who understands the culture we're in to kind of guide you along in your progression. It's important for me to have a coach who understands the time constraints of school and can help me work around that to still train successfully."

Aside from the immense amount of hard work and commitment Frease himself displays, he attributes a lot of his success to the support of the University, particularly the Office of Student Affairs.

"During my MS2 year, when I traveled to South Korea as a member of the U.S. delegation for the World Military Games in the midst of the reproductive and endocrine module," Frease said, "both Student Affairs and the module directors went above and beyond, allowing me to miss two weeks of the module, and subsequently make up the work I had missed upon my return."

But if not for Frease's dedication, juggling school and racing wouldn't be such a smooth transition, if even possible at all.

"I made a promise to myself that if school started to slip in any way, racing would be the first thing to go," Frease said. "That promise I made has kept me motivated to stay on top of my school work, while still training. Time management has been really critical for me in my med school progression; budgeting that time, budgeting sleep to make sure I accomplish everything I set out to do." Frease also said that if you're focused on the goal, and you prioritize correctly, then it's a feasible goal to have.

Through medical school and rigorous, elite level athletic training, Frease has continued to impress and become an embodiment of commitment and perseverance. His outlook and work ethic is sure to continue to benefit him, whether it be on the track, or in the field.

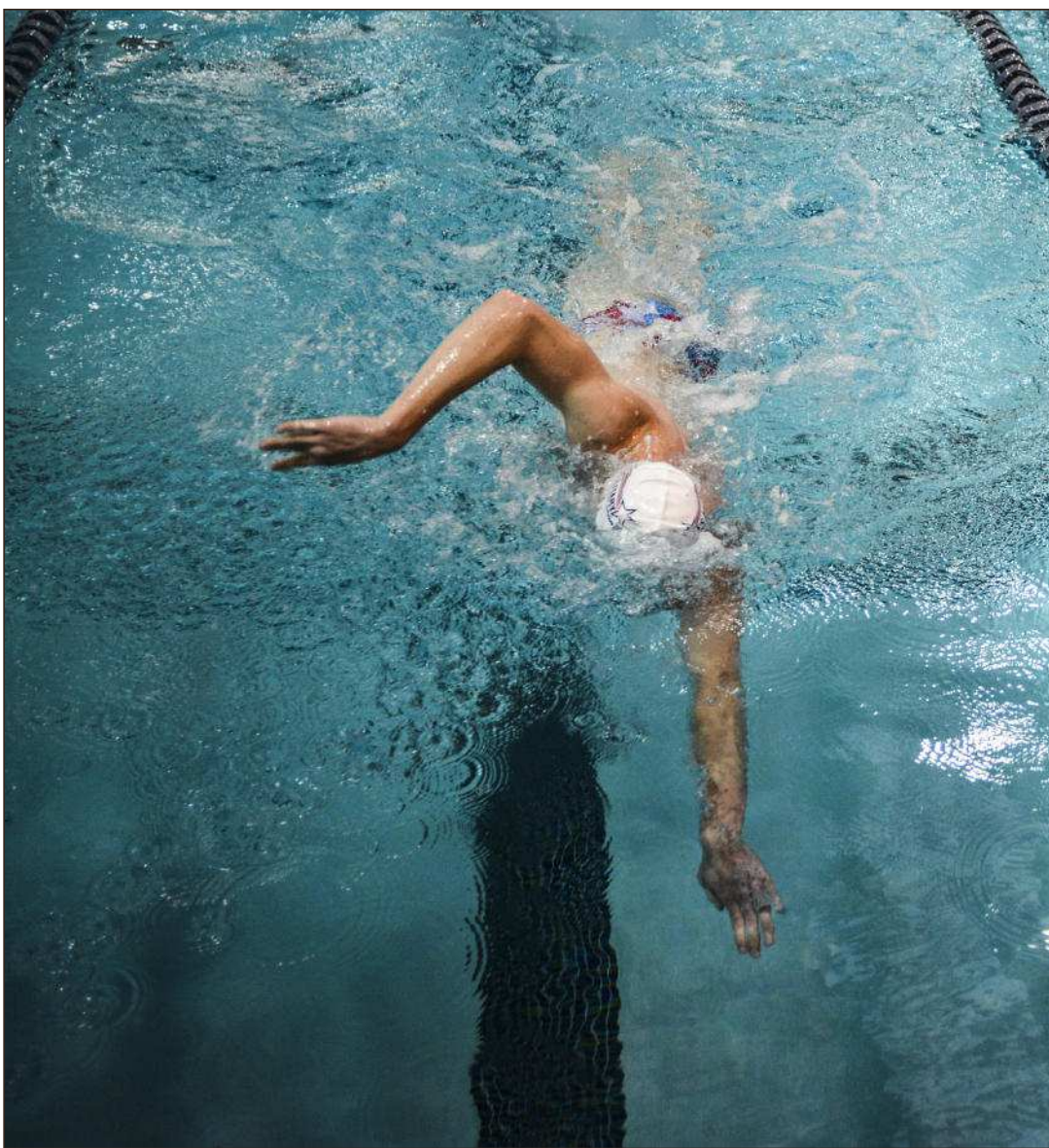


PHOTO BY MC3 ROB FERRONE

**Navy Ensign Davis Frease swims laps at the pool as part of his training to compete in elite-level armed forces triathalons.**



IMAGE CREDIT: IRONMAN

**ENS Davis Frease competes in the 2017 Ironman 70.3 SuperFrog.**



# Pediatric Dental Clinics Host Fair Focuses on Good Oral Health

By Lt. Cmdr. Kinau McCoy  
Navy Medicine Professional  
Development Center

Staff from the Naval Postgraduate Dental School and Walter Reed National Military Medical Center Pediatric Dental Clinics hosted the “Give Kids a Smile” dental fair in the America Building Feb. 2 to kick off National Children’s Dental Health Month.

Face painting, storytelling, games and hands-on activities highlighted the offerings for children ages 1 to 12 years at the event. In addition, residents from the NPDS Comprehensive and Advanced Education in General Dentistry Program were on hand to provide dental health screenings and caries (or cavities) risk assessments to children, as well as offer parents, caregivers and kids advice and information regarding dental care and the importance of visiting the dentist.

More than 100 beneficiaries attended the event and received information about good oral hygiene, and approximately 50 children received dental screenings at this year’s event.

Dr. Clayton Cheung, a pediatric dentist at WRNMMC who has assisted in coordinating the annual dental fair for the last six years, emphasized “early intervention makes a lifetime of difference.” He said he hopes to be able to expand the fair’s reach in the future and continue to promote the importance of good oral health and nutrition.

The event at WRNMMC was one



PHOTOS BY LT. CMDR. KINAU MCCOY

**Naval Postgraduate Dental School and Walter Reed National Military Medical Center Pediatric Dental Clinics hosted the “Give Kids a Smile” dental fair in the America Building Feb. 2 to kick off National Children’s Dental Health Month.**

of five fairs scheduled this month throughout the National Capital Region to promote the importance of establishing healthy habits and good oral hygiene early in

our children’s lives. Dentists and dental staff will also visit Child Development Centers at WRNMMC, Fort Detrick, Maryland’s Forest Glen Annex, Annapolis, and Joint Base Myer–Henderson Hall where they will conduct dental screenings for children ages 2 and up, if a permission slip has been signed and returned.

Navy Cmdr. (Dr.) Sabina Yun, chairman of Pediatric Dentistry department at Navy Medicine Professional Development Center and the pediatric dentistry specialty leader to the Chief, Bureau of Medicine and Surgery, recommends parents start bringing their child to a dentist as soon as the child’s first tooth erupts and no later than the child’s 1st birthday, which is also the recommendation of the American Academy of Pediatric Dentistry. In addition, she recommends adults assist children with brushing and flossing until about their 8th birthday or until they can tie their shoes with ease, which is a good gauge of fine motor skills and their ability to effectively clean their teeth.

Army Maj. (Dr.) Sheteka Ross-Goodlett, also a pediatric dentist at WRNMMC, agreed that establishing good habits early in nutrition, oral hygiene, and trauma prevention are the best ways parents can prevent cavities in their child’s baby teeth. She added that dental caries (cavities) is the most common chronic disease in young children, even more so than asthma and hay fever.

Located aboard Naval Support Activity Bethesda, NMPDC has Naval Postgraduate Dental School under its command umbrella and is the only Department of Defense-centralized site for postgraduate dental education and dental specialty training. All specialty training programs at NPDS are fully accredited by the Commission on Dental Accreditation, and between 20 to 25 dental officers graduate each year with specialty board eligible training in endodontics, periodontics, prosthodontics, orofacial pain, oral and maxillofacial pathology, dental public health and comprehensive dentistry. For more information about NMPDC, visit the website: [www.med.navy.mil/sites/navmedmpte/Pages/default.aspx](http://www.med.navy.mil/sites/navmedmpte/Pages/default.aspx).





# 2018 Team Navy Trials Commence

By MC2 Michael Lopez  
www.navy.mil

The Team Navy trials for the 2018 Department of Defense (DoD) Warrior Games kick off Feb. 20, at Naval Station (NAVSTA) Mayport, where over 70 seriously wounded, ill and injured Sailors and Coastguardsmen will compete for a spot to represent the Navy in this year's DoD Warrior Games.

Navy Wounded Warrior-Safe Harbor (NWW-SH) and NAVSTA Mayport are hosting the trials, in which athletes will qualify in eight adaptive sports: archery, cycling, wheelchair basketball, shooting, sitting volleyball, swimming, track and field. The top-performing athletes will fill 40 competitive spots and five alternative spots on Team Navy.

"We hope the trials and the DoD Warrior Games pull athletes out of whatever they may be struggling with," said Lt. Cmdr. Therese Pederson, Navy Region Southeast Warrior Games Trials coordinator. "We hope this gives them something to focus on while achieving success in a sport that they may not have thought they could do before."

Both first time and returning athletes from all over the country will be competing in the trials to participate in sports they're familiar with while also trying their hands in sports they've never attempted.

"I've always been active and athletic," said Intelligence Specialist 2nd Class Cassidy Busch, a first-time Team Navy athlete. "I've really missed getting to be involved in sports and fitness like I was before, and the DoD Warrior Games just kind of fell into my lap as a way for me to be better and push myself at something new and exciting."

The Team Navy athletes, their families and caregivers arrived in Jacksonville Feb. 16, for informational events before beginning training for the trials. The athletes trained until the trials, then go into competition mode to earn their spot in the various sports until the final day of the trials Feb. 24.

"This is something that pushes me mentally and physically," said Busch. "We're all doing things adaptively that we may have never even tried before and it makes you utilize your mind and body in a different way than an able-bodied person would attempt the same thing, but the people here really make it a bonding experience as a healing process we're all going through together."

With athletes competing at NAVSTA



PHOTO BY MC2 AMANDA BATTLES

**Chief Engineman Matthew Parker practices shooting an air rifle prior to the 2018 Team Navy trials in Naval Station (NAVSTA) Mayport's gymnasium. Navy Wounded Warrior-Safe Harbor and NAVSTA Mayport are hosting the trials, in which athletes will qualify in eight adaptive sports: archery, track and field, cycling, wheelchair basketball, shooting, sitting volleyball, and swimming. The top performing athletes will fill 40 competitive spots and five alternative spots for Team Navy at the 2018 Department of Defense Warrior Games.**

Mayport's fitness facilities, and the nearby Hannah Park, Fletcher High School and Jacksonville University, many local spectators are expected to attend the events to show their support.

"The important thing is that athletes get to become part of a team again," said Meagan McAllister, an adaptive athletics coordinator. "Many have been in places where they feel isolated, so it's important that they're around their Navy family and community in a fun team-building environment. I think this environment can show these athletes how much hope they have around them."

After the conclusion of the trials, active duty service members and veterans representing teams from the Air Force, Army, Coast Guard, Marine Corps, Navy and U.S. Special Operations Command, as well as the Australian Defence Force and the United Kingdom Armed Forces, will go head to head at the DoD Warrior Games at the Air Force Academy in Colorado Springs, Colorado, June 2-9.

The DoD Warrior Games is an annual event recognizing the importance adaptive sports plays in the recovery and rehabilitation of wounded, ill and injured service members and veterans. Participation in the DoD Warrior Games allows service members and veterans to



PHOTO BY MC2 AMANDA BATTLES

**Hospital Corpsman 1st Class Romulo Urtula trains in archery prior to Team Navy trials at Naval Station Mayport's gymnasium.**

build a supportive social network and develop relationships with other athletes, giving them a sense of community on their path to recovery.

"These events provide a unique sense of purpose and camaraderie," said Pederson. "They are helping service members interact and compete with people who are in similar situations, and we ultimately hope that they feel supported and build important relationships that they can take with them after this to

further build their support network."

(NWW-SH) is the Navy's sole organization for coordinating the non-medical care of seriously wounded, ill and injured Sailors and Coast Guardsmen, and providing resources and support to their families. The program provides individually tailored assistance designed to optimize the success of the wounded warrior's recovery, rehabilitation and reintegration activities.



# Walter Reed Holds Special Place in World War II Veteran's Heart

By Ricardo J. Reyes  
WRNMMC Command Communications

Navy Chief Petty Officer Anthony Musco, a retired World War II, Korean and Vietnam veteran recently began experiencing shortness of breath and a lack of energy.

These are two "typical symptoms of severe aortic valve stenosis," according to Navy Cmdr. (Dr.) Robert Gallagher, interventional cardiologist at Walter Reed National Military Medical Center and one of Musco's physicians.

Aortic stenosis is a narrowing of the aortic valve opening, "a condition that is uniformly fatal without treatment," explained Gallagher.

"Because of his age of 92 and his other medical history, he would have been a very high-risk candidate for open heart surgery," said Navy Capt. (Dr.) Jared Antevil, chief of Cardiothoracic Surgery at WRNMMC and another of Musco's physicians. "But because of our trans-catheter aortic valve replacement (TAVR) program, we were able to offer him treatment," Antevil added.

TAVR involves replacing one's aortic valve by inserting a catheter through their femoral artery, located near the groin, explained Antevil.

"[Musco's] story highlights the tremendous strides we've made in the field of heart surgery," Antevil said. "He had open heart surgery almost 50 years ago, and now he's had a more advanced, less invasive procedure in the same hospital."

## Going Back in Time

In 1972, Musco, an aviation

radioman while in uniform, learned that he needed an emergency coronary artery bypass surgery after a routine physical. The surgery helps people whose coronary arteries have become narrowed or blocked by fatty material called plaque. The bypass allows more blood and oxygen to flow to the heart muscle.

"He would have been one of the earlier people to have had bypass surgery at the then National Naval Medical Center," Antevil explained. Not only did Musco recover well from that surgery, "but all of his bypass grafts are also still open today, the mark of a great surgeon and a great patient. It is unusual to have a bypass surgery still look perfect almost 50 years later," Antevil added. Musco stayed active as well as a Little League Baseball umpire.

## Now

The recent procedure Musco underwent, TAVR, was invented a little more than 10 years ago, Gallagher explained. "It has become available for people who are not ideal for open heart surgery. They can get this done without an incision, without even going to sleep most of the time, and they spend a couple of days in the hospital, and they are back to it," he added.

For Musco, his TAVR procedure was done on Jan. 19 and he was discharged on Jan. 21. During his first follow-up, which he drove himself to, he seemed to be on the right track to recover and grateful for another shot at life, his physicians explained.

"Doctors, thank you very much," Musco said to his providers. "You have given me a new life."



PHOTO BY RICARDO J. REYES

From left, Navy Capt. (Dr.) Jared Antevil, chief of Cardiothoracic Surgery at Walter Reed Bethesda; Navy Chief Petty Officer Anthony Musco, a retired World War II, Korean and Vietnam veteran who recently underwent the innovative trans-catheter aortic valve replacement procedure at WRB; and Navy Cmdr. (Dr.) Robert Gallagher, interventional cardiologist at WRB, discuss the recent trans-catheter aortic valve replacement (TAVR) Musco's underwent at WRB in January.

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## Welcome to Navy Lodge Annapolis

Navy Lodge Annapolis is conveniently located to family resources such as Navy Exchange, Commissary, Family Housing Center, MWR. Some of the Installation activities include Gym, Golf, Tennis courts and Swimming Pool. The United States Naval Academy is also located over the bridge, less than 3 minutes away.

Navy Lodge Annapolis is situated within 30 miles of Washington DC and Baltimore MD. Annapolis is served by U.S. Route 50/301 and MD Route 2/170/450. Baltimore-Washington International Airport (BWI), located in northern Anne Arundel County approximately 18 miles north of Annapolis.

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# Navy SG Discusses Priorities During Admiral's Call at WRNMMC



Vice Adm. (Dr.) C. Forrest Faison III, Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED), answers a question during an Admiral's Call at Walter Reed Bethesda Jan. 30.

PHOTO BY BERNARD S. LITTLE

By Bernard S. Little  
WRNMMC Command Communications

"Hope, caring and compassion are the hallmarks of military medicine," said the U.S. Navy's top doctor during an Admiral's Call with Walter Reed National Military Medical Center staff Jan. 30.

Vice Adm. (Dr.) C. Forrest Faison III, Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED), added, "Around the world today, men and women are alive and home with family because of the hard work, dedication and sacrifices of those who came before you. You carry on their legacy by wearing [the nation's] uniforms." He encouraged those who wear those uniforms to respect the privilege, as well as to honor the privilege of leadership.

"Leadership is not a right, [but] a privilege," Faison continued. "Leaders don't sit on mountaintops and think great thoughts; they're down among the people who know what's going on, doing what they need to do to get the job done today, and challenging them with the job for tomorrow," he added.

Much of the surgeon general's discussion with the WRNMMC staff concerned the importance of readiness for those in military medicine. He explained that not only doctors and nurses must be ready to deploy anywhere in the world at a moment's notice, but corpsmen and medics must also have the training and skills to treat patients in diverse and challenging conditions with limited resources because they will be the ones who provide the first care to those injured on the battlefield.

Faison added that he was also at Walter Reed Bethesda to thank the staff for what they do every day in taking care of the nation's heroes and their families. "You do amazing work every single day," he said.

The Navy SG also praised the "unprecedented" survival rate of more than 90 percent of those injured on the battlefield during Operation Enduring Freedom and Operation Iraqi Freedom. "This is even more remarkable when you consider where [organized] military medicine got its start during the [Civil War's] Battle of Antietam. Losses on both sides were heavy during that battle, he pointed out. Union forces had more than 12,400 casualties with over 2,100 dead, and Confederate casualties numbered more than 10,300 with over 1,500 dead. This represented 25 percent of the Union force and 31 percent of the Confederate, according to official records of the U.S. War Department.

Faison said that while the battlefield survival rate remains unprecedented and those in military medicine continue to protect, maintain and restore the health of service members, their families and other beneficiaries of the Military Health System, some people continue to question the need for a military health-care system. He explained some of

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PHOTO BY BERNARD S. LITTLE

**Vice Adm. (Dr.) C. Forrest Faison III, Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED), hosts an Admiral's Call at Walter Reed Bethesda Jan. 30.**

this uncertainty can be attributed to the fact that “less than 1 percent of our nation population has served in uniform, [and] only one out of every five lawmakers who serve on Capitol Hill has served in uniform. “They tend to look at us through a lens of peacetime health-care efficiency.”

This is a narrow scope according to Faison, explaining that those who serve in military medicine must maintain readiness to save lives wherever U.S. forces operate, in addition to providing the best care the nation can offer to service members and their families to keep them healthy, ready and on the job. This requires specialized training, experience and skills, he said.

Faison added that the National Defense Authorization Act demands a more ready and capable force to protect the nation and its interests by doing missions with greater efficiency, centralization, coordination and partnerships. He said military medicine must be ready to get a “well-trained, qualified, prepared force out the door quickly when the balloon goes up.” In addition, he explained that Navy medicine, in conjunction with the Army and Air Force, is leveraging joint opportunities with the Defense Health Agency.

Referring to corpsman and medics as “the most important links to combat survival” since they will provide the initial care to wounded troops on the battlefield, Faison stressed the importance of corpsmen and medics receiving proper training and doing actual patient care at facilities such as WRNMMC to enhance

medical readiness. “You got to have the [training, experience and] confidence that you got what it takes to save somebody's life [on the field or at sea],” he said.

In responding to a Sailor's question from the audience, Faison explained that improving access and reducing stigma associated with reaching out for help, particularly when it concerns behavioral health care, remain important priorities. He added that mental health providers are being integrated and embedded in primary care settings and units to identify and manage issues, as well as reduce stigma, increase access to care and help detect operational stress reactions and injuries early before they lead to decreased mission capabilities.

Before concluding the Admiral's Call, Faison recognized Hospital Corpsman 2nd Class Moriba Weedor and Hospitalman Logan Thomas on the Walter Reed Bethesda staff.

Weedor is a surgical technician who oversees the Army Phase 2 68D (operating room specialist) program at WRNMMC, a position typically filled by an Army staff sergeant. He precepts approximately 20 students per quarter at the medical center.

Thomas is a biomed tech and test, measurement and diagnostic equipment coordinator at WRNMMC. He spearheads infusion pumps preventive maintenance and corrective actions as dictated by recall procedures from the manufacturer. In January, he performed inspections on more than 408 pumps at Walter Reed Bethesda.

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## Ash Wednesday Service

By MC2 Kevin Cunningham  
WRNMMC Command Communications

The Archbishop for the Military Services (AMS), USA, Timothy P. Broglio, led an Ash Wednesday Catholic Mass at Walter Reed National Military Medical Center Feb. 14 in Memorial Auditorium. After blessing the ashes, Broglio and WRNMMC chaplains placed them on the foreheads of those in attendance in the shape of a cross.

Ash Wednesday marks the first day of Lent, which is six weeks of repentance before Easter. It is observed by many Western Christians, including Anglicans, Lutherans, Old Catholics, Methodists, Presbyterians, Roman Catholics, and some Baptists. Broglio has provided the Ash Wednesday Catholic mass at

WRNMMC for a number of years.

On November 19, 2007, Pope Benedict XVI appointed Broglio, then a priest of the Diocese of Cleveland, as the AMS and he was formally installed on Jan. 25, 2008 at the Basilica of the National Shrine of the Immaculate Conception in Washington, D.C. The AMS, headquartered in D.C., provides pastoral and spiritual guidance to those serving in the U.S. Armed Forces or other federal services overseas. This includes more than 220 installations in 29 countries, patients in 153 Veterans Affairs medical centers, and federal employees serving outside the boundaries of the USA in 134 countries. According to Archdiocese officials, numerically, the AMS is responsible for more than 1.8 million men, women and children.



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2/237 pm-9 pmKids Movie Night-“Lego Ninjago”  
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3/310 am-12 pmCharacter Brunch at the Warrior Café\*  
Warrior Café, Bldg. 62  
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3/611 am-1 pmAdult Coloring  
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3/65-7 pmSpring Paint Night with Uncork’d Art!\*  
Bowling Center Party Room, Bldg. 54  
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3/1110 am-3 pmNational Museum of African American  
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3/1512-5 pmMARCH MAYHEM VIEWING PARTY  
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3/205-7 pmDIY with MWR: Felt Flower Wreath\*  
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## LEADERS

From  
Page 3

how the JF should prepare for the security environment we will soon face.”

An internist, Chinn said cybersecurity is becoming “more and more important” to U.S. national security. “We have a multipolar world [with] probably the most challenging security environment we’ve had in decades,” he furthered.

Threats and challenges to U.S. security include “a rising China, a resurgent Russia, a North Korea that is rapidly developing nuclear weapon capability, Iran continuing to cause problems throughout the globe, and extremist organizations [worldwide],” Chinn said. These five concerns are not confined to a particular region, but pose global threats, he added.

Chinn explained that facing these threats “requires a globally postured JF that is able to quickly combine capabilities with itself and mission partners across domains, echelons, geographic boundaries and organizational affiliations to project decisive military force.” He added being able to combine unique service capabilities to project decisive military force “has always been the strength of the JF. We, as a medical



PHOTO BY BERNARD S. LITTLE

From left, the current Joint Staff Surgeon Navy Rear Adm. (Dr.) Colin Chinn, and former JSS (September 2010 to June 2013) retired Air Force Lt. Gen. (Dr.) Douglas Robb, and former JSS (December 2015 to August 2017) retired Army Maj. Gen. (Dr.) Joseph Carvalho discuss the priorities of readiness versus delivering the benefit; interoperability for the future; and scalable platforms and the medical mission in support of an operational force during a Leadership Grand Rounds at Walter Reed Bethesda Feb. 6.

community, have to adjust and adapt to the environments to support our warfighters [doing those missions].”

Carvalho agreed, adding, “You’re not in uniform because you’re the ‘world-renowned blank-ologist.

You’re in uniform because there’s an 18-year-old [who may someday need you for care on the battlefield, on a ship hospital or transport aircraft]. That’s what you bring to the fight. That’s going to be your success going

forward — always answering what we do and why is it that we are doing whatever we would for the good of the warfighter,” he said.

“Demonstrate to DoD that you are a part of DoD,” Carvalho concluded.

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